

health law advocates
Lawyers Fighting for Health Care Justice



HEALTH CARE FOR ALL

November 30, 2016

VIA ELECTRONIC MAIL [HPC-regulations@state.ma.us]

Steven Belec, Director
Office of Patient Protection
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Dear Mr. Belec:

Health Law Advocates (HLA) and Health Care For All (HCFA) respectfully submit the following comments to the Health Policy Commission regarding proposed amendments to 958 CMR 3.000: Health Insurance Consumer Protections, authorized by M.G.L. c. 6D, §16 and M.G.L. c. 176O as amended by Chapter 52 of the Acts of 2016.

HCFA is a statewide consumer health advocacy organization in Massachusetts. HCFA seeks to create a patient-centered health care system that provides comprehensive, affordable, accessible, culturally competent, high quality care and consumer education for all Massachusetts residents, especially the most vulnerable among us. HLA is a non-profit public interest law firm that serves some of the Commonwealth's most vulnerable populations. HLA provides *pro bono* legal representation to low-income Massachusetts residents who have been unjustly denied health care access and those who are burdened with unaffordable medical debt.

We are pleased that the new reporting requirements will provide greater transparency regarding fully insured claims and requests for services, with further specificity about the reasons for which claims are denied. We understand that the Office of Patient Protection (OPP) is developing a reporting template that carriers will use to coordinate the new reporting requirements and existing Division of Insurance (DOI) mental health parity reporting requirements. As a result of this integrated approach, carrier reports will be more comprehensive, including information about *both* services subject to prior authorization and post-service denials and claims for services that do not require prior authorization.

We support what we understand to be the plan, that the reports will be submitted to both OPP and DOI. However, we recommend that the regulation reflect this requirement consistent with the statutory language. We are concerned that, as written, the regulation could be interpreted to permit a carrier to submit information *only* to DOI with a written statement to the OPP describing the information and date on which it will be submitted to DOI.¹ Where the statute requires filing of the new information with OPP and the new data does not duplicate existing DOI reporting requirements, we recommend that the regulation be amended to specify that the information must be submitted to OPP directly.²

Thank you for the opportunity to submit testimony regarding the Health Policy Commission's proposed amendments to 958 CMR 3.000. If you have any questions, or need more information, please contact Clare McGorrian at cmcgorrian@hla-inc.org or 617-275-2983 or Alyssa Vangeli at avangeli@hcfama.org or 617-275-2922.

Sincerely



Alyssa R. Vangeli
Senior Health Policy Manager
Health Care For All



Clare D. McGorrian
Senior Staff Attorney
Health Law Advocates

¹ 958 CMR 3.600(1) states that Carriers shall submit the information required under 958 CMR 3.600(1)(e) to OPP *concurrent with* their submission to the DOI for parity certification under M.G.L. c. 26, § 8K. Yet the regulation then appears to permit a carrier to submit the information *only* to DOI with a written statement to the OPP describing the information and date on which it will be submitted to DOI.

² See chapter 176O § 7(b) as amended by chapter 52 of the Acts of 2016, section 53, which provides in relevant part: (b) A carrier shall provide all of the information required under section 6 and subsection (a) of this section *to the office of patient protection in the health policy commission* and, in addition, shall provide to *said office* the following information: . . . (4) a report detailing, for the previous calendar year, the total number of; (i) filed grievances . . . ; and (ii) external appeals . . . (5) a report detailing for the previous calendar year the total number of: (i) medical or surgical claims . . . (emphasis added).